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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875  |   |   |   | Application or Docket Number<br><b>10/592,967</b> | Filing Date<br><b>09/14/2006</b> | <input type="checkbox"/> To be Mailed |                               |                        |   |                            |  |  |            |            |            |                                       |           |                        |              |                        |                   |   |   |   |                  |                        |                        |   |                        |     |     |  |     |        |  |     |         |          |   |     |  |   |     |        |        |    |          |           |                                  |            |   |        |  |                       |                       |  |                       |                       |           |                   |   |   |   |   |                        |           |                        |       |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |  |  |  |  |  |  |  |            |  |  |            |  |  |            |            |            |            |           |                        |           |                        |           |                   |   |   |                  |           |                        |           |                        |  |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |
|--|---|---|---|---|----------------------------------|---------------------------------------|-------------------------------|------------------------|---|----------------------------|--|--|------------|------------|------------|---------------------------------------|-----------|------------------------|--------------|------------------------|-------------------|---|---|---|------------------|------------------------|------------------------|---|------------------------|-----|-----|--|-----|--------|--|-----|---------|----------|---|-----|--|---|-----|--------|--------|----|----------|-----------|----------------------------------|------------|---|--------|--|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------|-------------------|---|---|---|---|------------------------|-----------|------------------------|-------|--|--|--|--|--------|--|----|----------|---|--|--|--|--|--|--------|--|----|-----------|---|--|--|--|--|--|-----------------------|--|----|-----------------------|---|--|--|--|--|--|--|--|------------|--|--|------------|--|--|------------|------------|------------|------------|-----------|------------------------|-----------|------------------------|-----------|-------------------|---|---|------------------|-----------|------------------------|-----------|------------------------|--|--|--|--|--|--------|--|----|----------|---|--|--|--|--|--|--------|--|----|-----------|---|--|--|--|--|--|-----------------------|--|----|-----------------------|---|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding-bottom: 5px;">APPLICATION AS FILED – PART I</th> <th colspan="4" style="text-align: right; padding-bottom: 5px;">OTHER THAN<br/>SMALL ENTITY</th> </tr> <tr> <th style="text-align: center; width: 33.33%;">(Column 1)</th> <th style="text-align: center; width: 33.33%;">(Column 2)</th> <th style="text-align: center; width: 33.33%;">SMALL ENTITY <input type="checkbox"/></th> <th colspan="3" style="text-align: right; border-top: none;">OR</th> <th style="text-align: center; width: 33.33%;">SMALL ENTITY</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">FOR</td> <td style="padding: 5px;">NUMBER FILED</td> <td style="padding: 5px;">NUMBER EXTRA</td> <td style="padding: 5px;">RATE (\$)</td> <td style="padding: 5px;">FEE (\$)</td> <td style="padding: 5px;">RATE (\$)</td> <td style="padding: 5px;">FEE (\$)</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> BASIC FEE<br/>(37 CFR 1.16(a), (b), or (c))</td> <td style="padding: 5px;">N/A</td> <td style="padding: 5px;">N/A</td> <td style="padding: 5px;">N/A</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">N/A</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SEARCH FEE<br/>(37 CFR 1.16(k), (l), or (m))</td> <td style="padding: 5px;">N/A</td> <td style="padding: 5px;">N/A</td> <td style="padding: 5px;">N/A</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">N/A</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> EXAMINATION FEE<br/>(37 CFR 1.16(o), (p), or (q))</td> <td style="padding: 5px;">N/A</td> <td style="padding: 5px;">N/A</td> <td style="padding: 5px;">N/A</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">N/A</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">TOTAL CLAIMS<br/>(37 CFR 1.16(j))</td> <td style="padding: 5px;">minus 20 =</td> <td style="padding: 5px;">*</td> <td style="padding: 5px;">X \$ =</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">X \$ =</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">INDEPENDENT CLAIMS<br/>(37 CFR 1.16(h))</td> <td style="padding: 5px;">minus 3 =</td> <td style="padding: 5px;">*</td> <td style="padding: 5px;">X \$ =</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">X \$ =</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> APPLICATION SIZE FEE<br/>(37 CFR 1.16(s))</td> <td colspan="2" style="padding: 5px;">If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. 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| APPLICATION AS FILED – PART I  |   |   | OTHER THAN<br>SMALL ENTITY                  |   |                                  |                                       |                               |                        |   |                            |  |  |            |            |            |                                       |           |                        |              |                        |                   |   |   |   |                  |                        |                        |   |                        |     |     |  |     |        |  |     |         |          |   |     |  |   |     |        |        |    |          |           |                                  |            |   |        |  |                       |                       |  |                       |                       |           |                   |   |   |   |   |                        |           |                        |       |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |  |  |  |  |  |  |  |            |  |  |            |  |  |            |            |            |            |           |                        |           |                        |           |                   |   |   |                  |           |                        |           |                        |  |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |
| (Column 1)   | (Column 2)  | SMALL ENTITY <input type="checkbox"/>     | OR  |   |                                  | SMALL ENTITY                          |                               |                        |   |                            |  |  |            |            |            |                                       |           |                        |              |                        |                   |   |   |   |                  |                        |                        |   |                        |     |     |  |     |        |  |     |         |          |   |     |  |   |     |        |        |    |          |           |                                  |            |   |        |  |                       |                       |  |                       |                       |           |                   |   |   |   |   |                        |           |                        |       |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |  |  |  |  |  |  |  |            |  |  |            |  |  |            |            |            |            |           |                        |           |                        |           |                   |   |   |                  |           |                        |           |                        |  |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |
| FOR  | NUMBER FILED  | NUMBER EXTRA                              | RATE (\$)                                   | FEE (\$)  | RATE (\$)                        | FEE (\$)                              |                               |                        |   |                            |  |  |            |            |            |                                       |           |                        |              |                        |                   |   |   |   |                  |                        |                        |   |                        |     |     |  |     |        |  |     |         |          |   |     |  |   |     |        |        |    |          |           |                                  |            |   |        |  |                       |                       |  |                       |                       |           |                   |   |   |   |   |                        |           |                        |       |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |  |  |  |  |  |  |  |            |  |  |            |  |  |            |            |            |            |           |                        |           |                        |           |                   |   |   |                  |           |                        |           |                        |  |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))  | N/A   | N/A                                       | N/A   |   | N/A                              |                                       |                               |                        |   |                            |  |  |            |            |            |                                       |           |                        |              |                        |                   |   |   |   |                  |                        |                        |   |                        |     |     |  |     |        |  |     |         |          |   |     |  |   |     |        |        |    |          |           |                                  |            |   |        |  |                       |                       |  |                       |                       |           |                   |   |   |   |   |                        |           |                        |       |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |  |  |  |  |  |  |  |            |  |  |            |  |  |            |            |            |            |           |                        |           |                        |           |                   |   |   |                  |           |                        |           |                        |  |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))   | N/A   | N/A                                       | N/A   |   | N/A                              |                                       |                               |                        |   |                            |  |  |            |            |            |                                       |           |                        |              |                        |                   |   |   |   |                  |                        |                        |   |                        |     |     |  |     |        |  |     |         |          |   |     |  |   |     |        |        |    |          |           |                                  |            |   |        |  |                       |                       |  |                       |                       |           |                   |   |   |   |   |                        |           |                        |       |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |  |  |  |  |  |  |  |            |  |  |            |  |  |            |            |            |            |           |                        |           |                        |           |                   |   |   |                  |           |                        |           |                        |  |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |
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| TOTAL CLAIMS<br>(37 CFR 1.16(j))   | minus 20 =  | *   | X \$ =                                      |   | X \$ =                           |                                       |                               |                        |   |                            |  |  |            |            |            |                                       |           |                        |              |                        |                   |   |   |   |                  |                        |                        |   |                        |     |     |  |     |        |  |     |         |          |   |     |  |   |     |        |        |    |          |           |                                  |            |   |        |  |                       |                       |  |                       |                       |           |                   |   |   |   |   |                        |           |                        |       |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |  |  |  |  |  |  |  |            |  |  |            |  |  |            |            |            |            |           |                        |           |                        |           |                   |   |   |                  |           |                        |           |                        |  |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))   | minus 3 =   | *   | X \$ =                                      |   | X \$ =                           |                                       |                               |                        |   |                            |  |  |            |            |            |                                       |           |                        |              |                        |                   |   |   |   |                  |                        |                        |   |                        |     |     |  |     |        |  |     |         |          |   |     |  |   |     |        |        |    |          |           |                                  |            |   |        |  |                       |                       |  |                       |                       |           |                   |   |   |   |   |                        |           |                        |       |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |  |  |  |  |  |  |  |            |  |  |            |  |  |            |            |            |            |           |                        |           |                        |           |                   |   |   |                  |           |                        |           |                        |  |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |
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| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))   |   |   |   |   |                                  |                                       |                               |                        |   |                            |  |  |            |            |            |                                       |           |                        |              |                        |                   |   |   |   |                  |                        |                        |   |                        |     |     |  |     |        |  |     |         |          |   |     |  |   |     |        |        |    |          |           |                                  |            |   |        |  |                       |                       |  |                       |                       |           |                   |   |   |   |   |                        |           |                        |       |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |  |  |  |  |  |  |  |            |  |  |            |  |  |            |            |            |            |           |                        |           |                        |           |                   |   |   |                  |           |                        |           |                        |  |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |
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| (Column 1)   |   |   | OTHER THAN<br>SMALL ENTITY                  |   |                                  |                                       |                               |                        |   |                            |  |  |            |            |            |                                       |           |                        |              |                        |                   |   |   |   |                  |                        |                        |   |                        |     |     |  |     |        |  |     |         |          |   |     |  |   |     |        |        |    |          |           |                                  |            |   |        |  |                       |                       |  |                       |                       |           |                   |   |   |   |   |                        |           |                        |       |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |  |  |  |  |  |  |  |            |  |  |            |  |  |            |            |            |            |           |                        |           |                        |           |                   |   |   |                  |           |                        |           |                        |  |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |
| (Column 1)   | (Column 2)  | (Column 3)                                | SMALL ENTITY                                | OR  |                                  | SMALL ENTITY                          |                               |                        |   |                            |  |  |            |            |            |                                       |           |                        |              |                        |                   |   |   |   |                  |                        |                        |   |                        |     |     |  |     |        |  |     |         |          |   |     |  |   |     |        |        |    |          |           |                                  |            |   |        |  |                       |                       |  |                       |                       |           |                   |   |   |   |   |                        |           |                        |       |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |  |  |  |  |  |  |  |            |  |  |            |  |  |            |            |            |            |           |                        |           |                        |           |                   |   |   |                  |           |                        |           |                        |  |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |
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|  |   |   |   |   | X \$ =                           |                                       | OR                            | X \$52=                | 0 |                            |  |  |            |            |            |                                       |           |                        |              |                        |                   |   |   |   |                  |                        |                        |   |                        |     |     |  |     |        |  |     |         |          |   |     |  |   |     |        |        |    |          |           |                                  |            |   |        |  |                       |                       |  |                       |                       |           |                   |   |   |   |   |                        |           |                        |       |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |  |  |  |  |  |  |  |            |  |  |            |  |  |            |            |            |            |           |                        |           |                        |           |                   |   |   |                  |           |                        |           |                        |  |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |
|  |   |   |   |   | X \$ =                           |                                       | OR                            | X \$220=               | 0 |                            |  |  |            |            |            |                                       |           |                        |              |                        |                   |   |   |   |                  |                        |                        |   |                        |     |     |  |     |        |  |     |         |          |   |     |  |   |     |        |        |    |          |           |                                  |            |   |        |  |                       |                       |  |                       |                       |           |                   |   |   |   |   |                        |           |                        |       |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |  |  |  |  |  |  |  |            |  |  |            |  |  |            |            |            |            |           |                        |           |                        |           |                   |   |   |                  |           |                        |           |                        |  |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |
|  |   |   |   |   | TOTAL<br>ADD'L<br>FEE            |                                       | OR                            | TOTAL<br>ADD'L<br>FEE  | 0 |                            |  |  |            |            |            |                                       |           |                        |              |                        |                   |   |   |   |                  |                        |                        |   |                        |     |     |  |     |        |  |     |         |          |   |     |  |   |     |        |        |    |          |           |                                  |            |   |        |  |                       |                       |  |                       |                       |           |                   |   |   |   |   |                        |           |                        |       |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |  |  |  |  |  |  |  |            |  |  |            |  |  |            |            |            |            |           |                        |           |                        |           |                   |   |   |                  |           |                        |           |                        |  |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |
| AMENDMENT  | <b>09/15/2010</b>   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                                  | RATE (\$)                        | ADDITIONAL<br>FEE (\$)                | RATE (\$)                     | ADDITIONAL<br>FEE (\$) |   |                            |  |  |            |            |            |                                       |           |                        |              |                        |                   |   |   |   |                  |                        |                        |   |                        |     |     |  |     |        |  |     |         |          |   |     |  |   |     |        |        |    |          |           |                                  |            |   |        |  |                       |                       |  |                       |                       |           |                   |   |   |   |   |                        |           |                        |       |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |  |  |  |  |  |  |  |            |  |  |            |  |  |            |            |            |            |           |                        |           |                        |           |                   |   |   |                  |           |                        |           |                        |  |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |
|  |   |   |   |   | X \$ =                           |                                       | OR                            | X \$52 =               | 0 |                            |  |  |            |            |            |                                       |           |                        |              |                        |                   |   |   |   |                  |                        |                        |   |                        |     |     |  |     |        |  |     |         |          |   |     |  |   |     |        |        |    |          |           |                                  |            |   |        |  |                       |                       |  |                       |                       |           |                   |   |   |   |   |                        |           |                        |       |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |  |  |  |  |  |  |  |            |  |  |            |  |  |            |            |            |            |           |                        |           |                        |           |                   |   |   |                  |           |                        |           |                        |  |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |
|  |   |   |   |   | X \$ =                           |                                       | OR                            | X \$220 =              | 0 |                            |  |  |            |            |            |                                       |           |                        |              |                        |                   |   |   |   |                  |                        |                        |   |                        |     |     |  |     |        |  |     |         |          |   |     |  |   |     |        |        |    |          |           |                                  |            |   |        |  |                       |                       |  |                       |                       |           |                   |   |   |   |   |                        |           |                        |       |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |  |  |  |  |  |  |  |            |  |  |            |  |  |            |            |            |            |           |                        |           |                        |           |                   |   |   |                  |           |                        |           |                        |  |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |
|  |   |   |   |   | TOTAL<br>ADD'L<br>FEE            |                                       | OR                            | TOTAL<br>ADD'L<br>FEE  | 0 |                            |  |  |            |            |            |                                       |           |                        |              |                        |                   |   |   |   |                  |                        |                        |   |                        |     |     |  |     |        |  |     |         |          |   |     |  |   |     |        |        |    |          |           |                                  |            |   |        |  |                       |                       |  |                       |                       |           |                   |   |   |   |   |                        |           |                        |       |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |  |  |  |  |  |  |  |            |  |  |            |  |  |            |            |            |            |           |                        |           |                        |           |                   |   |   |                  |           |                        |           |                        |  |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding-bottom: 5px;">(Column 1)</th> <th colspan="3" style="text-align: right; padding-bottom: 5px;">(Column 2)</th> <th style="text-align: center; width: 33.33%;">(Column 3)</th> </tr> <tr> <td style="text-align: center; width: 33.33%;">(Column 1)</td> <td style="text-align: center; width: 33.33%;">(Column 2)</td> <td style="text-align: center; width: 33.33%;">(Column 3)</td> <td style="text-align: center; width: 33.33%;">RATE (\$)</td> <td style="text-align: center; width: 33.33%;">ADDITIONAL<br/>FEE (\$)</td> <td style="text-align: center; width: 33.33%;">RATE (\$)</td> <td style="text-align: center; width: 33.33%;">ADDITIONAL<br/>FEE (\$)</td> </tr> </thead> <tbody> <tr> <td style="padding: 5px; vertical-align: top;">AMENDMENT</td> <td style="padding: 5px; vertical-align: top;"><b>09/15/2010</b></td> <td style="padding: 5px; vertical-align: top;">CLAIMS<br/>REMAINING<br/>AFTER<br/>AMENDMENT</td> <td style="padding: 5px; vertical-align: top;">HIGHEST<br/>NUMBER<br/>PREVIOUSLY<br/>PAID FOR</td> <td style="padding: 5px; vertical-align: top;">PRESENT<br/>EXTRA</td> <td style="padding: 5px; vertical-align: top;">RATE (\$)</td> <td style="padding: 5px; vertical-align: top;">ADDITIONAL<br/>FEE (\$)</td> <td style="padding: 5px; vertical-align: top;">RATE (\$)</td> <td style="padding: 5px; vertical-align: top;">ADDITIONAL<br/>FEE (\$)</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">X \$ =</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">OR</td> <td style="padding: 5px;">X \$52 =</td> <td style="padding: 5px;">0</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">X \$ =</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">OR</td> <td style="padding: 5px;">X \$220 =</td> <td style="padding: 5px;">0</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">TOTAL<br/>ADD'L<br/>FEE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">OR</td> <td style="padding: 5px;">TOTAL<br/>ADD'L<br/>FEE</td> <td style="padding: 5px;">0</td> </tr> </tbody> </table> <p style="margin-left: 20px;">* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</p> <p style="margin-left: 20px;">** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".</p> <p style="margin-left: 20px;">*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".</p> <p style="margin-left: 20px;">The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p> <p style="text-align: right; margin-top: 10px;">Legal Instrument Examiner:<br/><b>/GLENN BURNS JR/</b></p>   |   |   |   |   |                                  |                                       | (Column 1)                    |                        |   | (Column 2)                 |  |  | (Column 3) | (Column 1) | (Column 2) | (Column 3)                            | RATE (\$) | ADDITIONAL<br>FEE (\$) | RATE (\$)    | ADDITIONAL<br>FEE (\$) | AMENDMENT         | <b>09/15/2010</b>                         | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE (\$)              | ADDITIONAL<br>FEE (\$) | RATE (\$)   | ADDITIONAL<br>FEE (\$) |     |     |  |     |        | X \$ =   |     | OR      | X \$52 = | 0 |     |  |   |     |        | X \$ = |    | OR       | X \$220 = | 0                                |            |   |        |  |                       | TOTAL<br>ADD'L<br>FEE |  | OR                    | TOTAL<br>ADD'L<br>FEE | 0         |                   |   |   |   |   |                        |           |                        |       |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |  |  |  |  |  |  |  |            |  |  |            |  |  |            |            |            |            |           |                        |           |                        |           |                   |   |   |                  |           |                        |           |                        |  |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |
| (Column 1)   |   |   | (Column 2)                                  |   |                                  | (Column 3)                            |                               |                        |   |                            |  |  |            |            |            |                                       |           |                        |              |                        |                   |   |   |   |                  |                        |                        |   |                        |     |     |  |     |        |  |     |         |          |   |     |  |   |     |        |        |    |          |           |                                  |            |   |        |  |                       |                       |  |                       |                       |           |                   |   |   |   |   |                        |           |                        |       |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |  |  |  |  |  |  |  |            |  |  |            |  |  |            |            |            |            |           |                        |           |                        |           |                   |   |   |                  |           |                        |           |                        |  |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |
| (Column 1)   | (Column 2)  | (Column 3)                                | RATE (\$)                                   | ADDITIONAL<br>FEE (\$)                            | RATE (\$)                        | ADDITIONAL<br>FEE (\$)                |                               |                        |   |                            |  |  |            |            |            |                                       |           |                        |              |                        |                   |   |   |   |                  |                        |                        |   |                        |     |     |  |     |        |  |     |         |          |   |     |  |   |     |        |        |    |          |           |                                  |            |   |        |  |                       |                       |  |                       |                       |           |                   |   |   |   |   |                        |           |                        |       |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |  |  |  |  |  |  |  |            |  |  |            |  |  |            |            |            |            |           |                        |           |                        |           |                   |   |   |                  |           |                        |           |                        |  |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |
| AMENDMENT  | <b>09/15/2010</b>   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                                  | RATE (\$)                        | ADDITIONAL<br>FEE (\$)                | RATE (\$)                     | ADDITIONAL<br>FEE (\$) |   |                            |  |  |            |            |            |                                       |           |                        |              |                        |                   |   |   |   |                  |                        |                        |   |                        |     |     |  |     |        |  |     |         |          |   |     |  |   |     |        |        |    |          |           |                                  |            |   |        |  |                       |                       |  |                       |                       |           |                   |   |   |   |   |                        |           |                        |       |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |  |  |  |  |  |  |  |            |  |  |            |  |  |            |            |            |            |           |                        |           |                        |           |                   |   |   |                  |           |                        |           |                        |  |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |
|  |   |   |   |   | X \$ =                           |                                       | OR                            | X \$52 =               | 0 |                            |  |  |            |            |            |                                       |           |                        |              |                        |                   |   |   |   |                  |                        |                        |   |                        |     |     |  |     |        |  |     |         |          |   |     |  |   |     |        |        |    |          |           |                                  |            |   |        |  |                       |                       |  |                       |                       |           |                   |   |   |   |   |                        |           |                        |       |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |  |  |  |  |  |  |  |            |  |  |            |  |  |            |            |            |            |           |                        |           |                        |           |                   |   |   |                  |           |                        |           |                        |  |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |
|  |   |   |   |   | X \$ =                           |                                       | OR                            | X \$220 =              | 0 |                            |  |  |            |            |            |                                       |           |                        |              |                        |                   |   |   |   |                  |                        |                        |   |                        |     |     |  |     |        |  |     |         |          |   |     |  |   |     |        |        |    |          |           |                                  |            |   |        |  |                       |                       |  |                       |                       |           |                   |   |   |   |   |                        |           |                        |       |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |  |  |  |  |  |  |  |            |  |  |            |  |  |            |            |            |            |           |                        |           |                        |           |                   |   |   |                  |           |                        |           |                        |  |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |
|  |   |   |   |   | TOTAL<br>ADD'L<br>FEE            |                                       | OR                            | TOTAL<br>ADD'L<br>FEE  | 0 |                            |  |  |            |            |            |                                       |           |                        |              |                        |                   |   |   |   |                  |                        |                        |   |                        |     |     |  |     |        |  |     |         |          |   |     |  |   |     |        |        |    |          |           |                                  |            |   |        |  |                       |                       |  |                       |                       |           |                   |   |   |   |   |                        |           |                        |       |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |  |  |  |  |  |  |  |            |  |  |            |  |  |            |            |            |            |           |                        |           |                        |           |                   |   |   |                  |           |                        |           |                        |  |  |  |  |  |        |  |    |          |   |  |  |  |  |  |        |  |    |           |   |  |  |  |  |  |                       |  |    |                       |   |

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